ALTERNATE RETIREMENT PROGRAM (ARP) ELIGIBILITY WORKSHEET

Personnel Office: If you don't have access to DPA's **Personnel Information Exchange (PIE)** to complete the online ARP Eligibility Worksheet, you can complete this form for each new employee and retain it in the employee's personnel file. Do not mail the completed form to DPA or CalPERS.

Department Name:					
Employee Name:					
CalPERS Membership Category					
☐ Miscellaneous ☐ Industrial ☐ Safety ☐ State Patrol ☐ POFF					
If you checked Miscellaneous or Industrial complete this form. The employee may be subject to ARP. If you have checked Safety, State Patrol, or POFF do not complete this form. The employee is not subject to ARP.					
Appointment Information					
(1) Is the first hire date prior to August 11, 2004? If Yes, do not complete this form. The employee is not subject to ARP. If No, answer the following questions.					
(2) Does the employee have prior State employment? If Yes, was the employee a member of CaIPERS? If the answer is Yes to the prior questions, do not complete this form. The employee is not subject to ARP. If the answer is No to either portion of Question (2) the employee may be subject to ARP. Continue completing this form.					
(3) Is this a reappointment where the employee's original date of hire was more than 24 months ago?					
If Yes, do not complete this form. The employee is not subject to ARP. If No, answer the following questions.					
Prior Employment not Subject to ARP Name of Employer/Agency:					
(1) Is the employee a member of CalPERS, Judges' Retirement Systems (I/II), Legislators' Retirement System, CalSTRS, or the UC Retirement System?					
(2) Is the prior employer a CalPERS reciprocal retirement system? Yes No If the answer is Yes, and the employment was within the six months prior to the CalPERS membership date the employee is not subject to ARP. If the employment was more than six months prior to this date the employee may be subject to ARP. Continue completing this form. If the answer is No, continue completing this form.					
For a listing of the reciprocal retirement systems please refer to the <i>CalPERS State Handbook</i> or the booklet <i>When You Change Retirement Systems</i> (PERS-PUB-16). To see if the employee was a previous member of CalPERS, refer to ACES under the "Participant Inquiry Screen". If you need additional assistance contact CalPERS at 888-225-7377.					
Non-resident Alien					
Is the employee a non-resident alien working under the provisions of a Visa F-1, J-1, M-1, or Q-1, and not coordinated with Social Security?					
If the answer is Yes, do not complete this form. The employee is not subject to ARP. If No, the employee is subject to ARP. Refer to the table on Page 2 of this form to determine the employee's correct ARP account code.					

ARP Eligibility Worksheet Attachment 1

ARP Account Codes

Departments are responsible for establishing the correct ARP account code on the employee's employment history records. The following codes apply to employees subject to ARP:

For Bargaining Units 1,3,4,7,10,11,12,13,14,15,16,17,18*,19,20,21					
	Hired on or after 8/11/04 through 12/31/06:		Hired on or after 1/1/07:		
TK:	CalPERS miscellaneous member subject to Social Security and Medicare	TJ:	CalPERS miscellaneous member subject to Social Security and Medicare		
TP:	CalPERS industrial member subject to Social Security and Medicare	TS:	CalPERS industrial member subject to Social Security and Medicare		
TR:	* BU 18 - CalPERS miscellaneous member subject to Social Security and Medicare at Porterville Developmental Center	TL:	* BU 18 - CalPERS miscellaneous member subject to Social Security and Medicare at Porterville Developmental Center		
For Bargaining Unit 2					
	Hired on or after 8/11/04 through 6/30/06:		Hired on or after 7/1/06:		
TK:	CalPERS miscellaneous member subject to Social Security and Medicare	TG:	CalPERS miscellaneous member subject to Social Security and Medicare		
TP:	CalPERS industrial member subject to Social Security and Medicare	TH:	CalPERS industrial member subject to Social Security and Medicare		
For Excluded Employees					
Hired on or after 8/11/04:					
TK:	: CalPERS miscellaneous member subject to Social Security and Medicare				
TP:	P: CalPERS industrial member subject to Social Security and Medicare				

Authorized Employer Signature	D - 1 -
Allthorized Employer Signature	Date